

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST FOR NEW PROJECT ID (Page 1 of 2)**

PROJECT DESCRIPTION: _____
CAMPUS: _____ **COMPANY #:** _____ **COLLEGE # & NAME:** _____
DEPT # & NAME: _____ **RESP ORG/SUB DEPT # & NAME:** _____

TYPE OF PROJECT: (Check one)

Attach gift agreement or other supporting documentation

Non-Endowed

Future Endowment, principal initially less than minimum endowment requirement

Quasi-Endowment, principal can be spent
 Establish spending account Yes No

Permanent Endowment, non-invadable principal
 Establish spending account Yes No

Planned Gift:

Charitable Gift Annuity

Charitable Remainder Trust

Trust Type: _____

PRIMARY SOURCE OF FUNDS: Donor Contributions Transfer from existing project
 (Attach Form UAFound 010-Request for Intra-foundation Transfer)

USE OF FUNDS DETERMINED BY: Donor Institution

GIFT PURPOSE CODE:

Campus Operations

- CP - Campus Program
- CO - College Support
- DS - Departmental Support
- ET - Equipment and Technology
- LI - Library
- PB - Property/Building
- PS - Public Service and Outreach
- RE - Research
- SE - Special Event
- OT - Other-See Gift Agreement (for alternate purpose only)

Faculty Support

- FH - Faculty Chair
- FL - Faculty Lectureship
- FP - Faculty Professorship
- GF - General Faculty / Staff Support

Graduate Support

- GS - Graduate Scholarship/Fellowship
- GW - Graduate Award
- SS - Graduate General Student Support

Student Support

- US - Undergraduate Scholarship
- UA - Undergraduate Award
- UG - Undergraduate General Student Support
- LD - Loan Funds

Unrestricted

- UM - Unrestricted Campus

PRIMARY PURPOSE CODE: _____ **ALTERNATE PURPOSE CODE (IF APPLICABLE):** _____

OPTIONAL:

CONSTITUENT AREA: _____ **PROGRAM TYPE:** _____ **USE CODE:** _____

ADDITIONAL INFORMATION: _____

Please read and complete the second page of this form .

FOUNDATION USE ONLY:

No. _____

Rev By: _____ **Date:** _____

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**PROJECT
MANAGER:**

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____

Signature

E-Mail Address:

AGREEMENT

By my signature below, I agree to the terms of the operating or gift agreement as applicable to the project(s) and attest that there are no conflicts of interest.

PROJECT SIGNATURES

Only the following individuals may authorize disbursements from the project.

SIGNATORY 1

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____

Signature

E-Mail Address

SIGNATORY 2

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____

Signature

Email- Address

SIGNATORY 3

Typed or Printed Name

Phone Number

Title

Department, Building, Room Number, Campus

Date: _____

Signature

Email - Address

If you have any questions or concerns before establishing this project, please call the Office of Development.

School/College Review: _____

Date: _____

Fiscal Review: _____

Date: _____

(Chancellor/Vice President or Authorized Designee)